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Opium in gynaecology -



OPIUM IN GYNÆCOLOGY.*

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The medical profession has always been responsible for the opium habit of patients or the laity. The reckless and indiscriminate use of anodynes and narcotics, generally used for the treatment of symptoms—rarely does the routine practitioner make a precise diagnosis, before giving opium if pain is present. Opiates are commonly used without a clear recognition of an indication except that of pain. The opium habit is rarely acquired, except it be antedated by pain or an illness for which some doctor has given morphine or some preparation of opium. There is scarcely a remedy in the Pharmacopœia used so recklessly and ignorantly and none doing more general mischief—it has always done thrice more harm than good. In the general practice of medicine some of the preparations of opium are to be found in about every prescription. The hypodermic syringe has made thousands of morphine habitués, either with the syringe or without it with the powder. The abuse of the drug is much more common in some States than in others. The influence or impress of certain teachers of therapeutics, has been wide in certain sections. The very common remark of teachers, "Gentlemen it is your mission to relieve pain and suffering," has done a world of mischief. Many of them spend days talking over the numerous preparations of opium without an allusion to the importance of an accurate knowledge of pathology and diagnosis. The growth of the poppy in North Carolina is to be lamented, it will do just what it has done for China—decimated a great people.

While a student of medicine we were taught the use of opium throughout the treatment of about every disease. In many of the hospitals Dover's powders were dubbed "dozing powders" and begged for nightly. Many patients purchased hypodermics immediately on their discharge from the hospital. The abuse of morphine with the hypodermic, has resulted in two great evils, an habitué,

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and the mercenary use of the drug, the unfortunate patient the prey. Now daily at eight o'clock I see a physician drive to a house to give a hypodermic, the visit is made twice or thrice daily at fixed hours, to repeat the injections, not for malignancy. It is a common thing for physicians to visit patients regularly for the specific purpose of giving a hypodermic. Again without an effort to determine the nature of the trouble, or cure the patient with well-applied treatment. It is in surgery and nervous disturbances that opium and patients have been most abused. But few physicians re-educate themselves, the few that have successfully tried it, realize the great importance of deviating from the routine methods of practice, still commonly taught. It is to be hoped that the more scientific schools of the day, will recognize the great evil.

The comfort of patients throughout their convalescence in abdominal surgery has been so gratifying and pleasing without the use of opiates in any form that I constantly take pleasure in exhibiting patients to visitors and pupils and directing their attention to the total absence of all the uncomfortable symptoms following its use.

The management of all surgical cases is easy and the convalescence more satisfactory and speedy when opium preparations are not used. I am satisfied that the use of opium in some form, either by injection suppository or solution, has been largely responsible for much of the high mortality in abdominal surgery. I rejoice I have never used it in abdominal work except where cancer existed. I have watched the work of others and compared the mortality of the operators who use it with that of those who reject it—all that condemn it head the list with a low mortality. It is simply cruel and unkind to use opium in abdominal surgery. The use and abuse of it before painful troubles are removed obscures symptoms, impairs nutrition and greatly complicates the management of the patient. Without opiates the patient co-operates, the pain lasts only a few hours in all abdominal and pelvic operations.

The numerous uncomfortable conditions favored by opium are wholly absent without it.

The surgical profession should make an earnest effort to withhold opiates before discussing this subject.

We can justly speak of the opium or morphine habit as that of the profession, not of the patient.

The following report of four instructive cases will illustrate most beautifully the successful management of four typical cases of acute angry and general peritonitis, a painful trouble, one always treated by

opiates and rarely successful, quite universally admitted a fatal disease :

CASE I. *October 13, 1894.*—Mrs. A. F., aged twenty-five years, acute general peritonitis, persistent nausea, distention, general adhesions, bloody serum, lymph and muddy fluid throughout the peritoneal cavity. Freeing of all adhesions, irrigation and glass drainage, followed by speedy recovery.

CASE II. *October 13, 1894.*—Mrs. M. B., aged twenty-three, acute double pyosalpinx with acute general peritonitis. Section irrigation, glass drainage, speedy recovery.

CASE III. *October 17, 1894.*—Mrs. I. C., aged twenty-one years. Acute double pyosalpinx, with general peritonitis. Section removal of suppurating tubes and ovaries, irrigation and drainage, freeing of all adhesions, recovery.

CASE IV. *October 25, 1894.*—Miss J. R., aged twenty years. Acute pyosalpinx, general adhesion and peritonitis. Removal of suppurating tubes and ovaries, unraveling of all adhesions, thorough flushing, glass drainage, recovery.

This was a very angry and ill group of patients. The treatment was rather simple, rapid and thorough. Section, irrigation, drainage, and rest quiet and position, without opium. All varieties of peritonitis have been uniformly and successfully managed by the simple treatment suggested.



